

INFECTIOUS DISEASES

Past progress notwithstanding, infectious diseases remain important causes of illness and death in the United States, and the very young are at excess risk for some diseases.

Table 12 shows, for selected reportable diseases, the age-race-specific numbers reported for ages 0-9 during 1993. Attention is immediately drawn to the cases of vaccine-preventable disease: 10 cases of *Haemophilus Influenzae b*, 35 cases of mumps, and 139 cases of whooping cough (pertussis). Better immunization coverage may be indicated; however, with at least three doses of pertussis vaccine considered necessary for protection, infants are not adequately protected against pertussis prior to six months of age.⁹

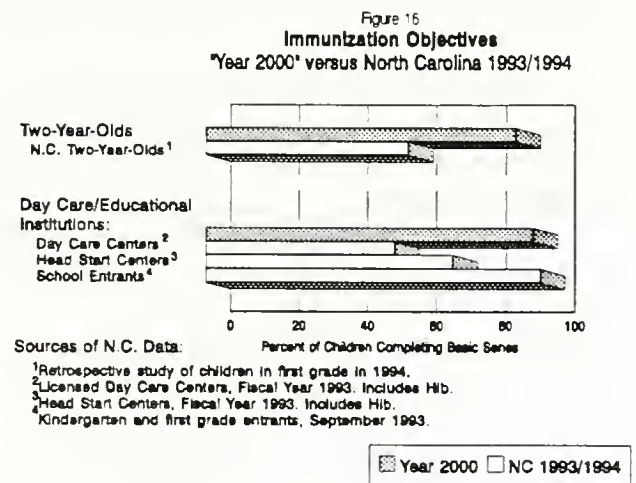
A Year 2000 health objective for the U.S. is to reduce indigenous cases of vaccine-preventable diseases. A major step in that direction is an effort to develop a safer pertussis vaccine, which should lead to increased use among the young.⁹

Also of note in Table 12 are the race-specific numbers for certain diseases. For example, all or nearly all of AIDS, malaria, congenital syphilis, and gonorrhea cases involved minorities while very high percentages of hepatitis A and Rocky Mountain spotted fever cases involved whites. In considering these results, the reader should keep in mind that infectious disease counts are subject to testing and reporting biases which tend to underrepresent persons tested in the private sector.

IMMUNIZATION LEVELS

For young children entering North Carolina schools (grades K-1) in 1993, immunization levels appear reasonably good with 97 percent having completed the required basic series (Table 13). Among children enrolled in day care and head start centers, however, many had not completed the required basic series due to absence of the *Haemophilus Influenzae b* (Hib) vaccine, which was first required in North Carolina in 1991. Hepatitis B vaccine is also now required for children born after July 1, 1994.²⁴

The Year 2000 national immunization objectives for youth are to achieve basic immunizations among at least 90 percent of children under age 2 and at least 95 percent of children in licensed child care facilities and kindergarten through post-secondary education institutions (see Appendix, Objective 20.11). The objective for 2-year-olds may not include the Hib vaccine as part of the required series since it is not yet required in all states. The national objectives and available North Carolina percentages are depicted in Figure 16.



In a 1994 retrospective study of North Carolina first graders,²⁵ it was found that only 59 percent had been appropriately immunized by the age of two, and this did not include the more recently required Hib and hepatitis B vaccines.

In a Spring 1994 study designed to assess the health and human service needs of pregnant women and young children, counties were asked to provide data on the immunization levels of their 2-year-olds. Among 58 reporting counties, 41 (71%) reported up-to-date immunizations for 70 percent or less. Immunization levels were higher among public-clinic 2-year-olds than others.²⁶